A large, stylized black silhouette of a horse's head, facing right, serves as a background for the title. The silhouette is composed of several thick black strokes, including the outline of the head, the ear, the eye, and the neck.

Traumatic Brain Injury Trust Fund Board of Directors Annual Report

July 1, 2005 through June 30, 2006

**Board of Directors
Traumatic Brain Injury Trust Fund
Fiscal Year 2006**

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Brain Injury Association of Kentucky
Louisville, Kentucky

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Robert P. Granacher, M.D. *

Lexington, Kentucky

* member of Executive Committee

For more information about the Traumatic Brain Injury Trust Fund:

Brain Injury Services Branch
100 Fair Oaks Lane, 4E-D
Frankfort, KY 40621
(502) 564-3615 or (800)374-9146
mhmr.ky.gov

NOTE

In 2006, the Traumatic Brain Injury Trust Fund Board of Directors elected to change its annual reporting period to conform to the state's annual fiscal year. This is the first annual report of the new period and reflects the Board's activities from July 1, 2005 through June 30, 2006.

Dear Kentucky Official and Friend of the Board:

This annual report of the Traumatic Brain Injury Trust Fund is submitted by the governing Board of Directors at a time when the challenges to meeting the needs of children and adults with brain injuries in Kentucky are mounting. While we are thankful that revenues to the Trust Fund have remained stable, the Board is increasingly concerned about those who wait for help.

Over the past six years, the Board has seen a steady increase in the number of people seeking much needed assistance. In 2000, there were 154 active recipients of Trust Fund benefits. In Fiscal Year 2006, the year of this report, over 1,000 people received a benefit from the Trust Fund – while more than 2,000 waited for help. Even those who meet the criteria for emergency assistance must wait up to four months for their requests to be considered. Those in emergency circumstances include persons who, without assistance from the Trust Fund, would be unable to afford shelter, supervision, transportation or medical care.

The Board is pleased to be able to continue to offer case management assistance at no cost to individuals seeking assistance from the Trust Fund. Skilled case management has resulted in a cost avoidance of over \$500,000 to the Trust Fund in fiscal year 2006 alone, and has resulted in connecting vulnerable individuals with much needed resources and supports to remain safely in their own homes.

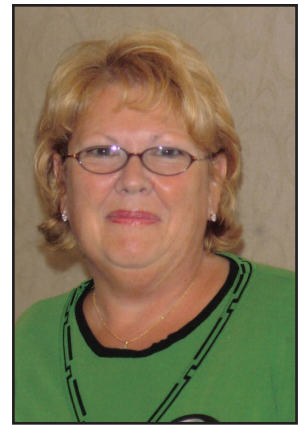
Brain injury continues to be a serious public health problem in Kentucky. It is estimated that more than 5,000 persons are newly injured each year in the Commonwealth, and that between 17 and 19 percent of households have at least one member who has sustained a brain injury. This is clearly a problem that will not go away – and we must be better prepared to respond to it.

If you would like to learn more about how you can help Kentucky's citizens affected by brain injury, we encourage you to contact the Brain Injury Services Branch office within the Department for Mental Health and Mental Retardation Services, which provides staff support to the Board's efforts. Your continuing support of the Traumatic Brain Injury Trust Fund and the activities of the Board are deeply appreciated.

Sincerely



Mary Hass
Chairperson



Mary Hass
Chairperson
Board of Directors

The Traumatic Brain Injury Trust Fund was created by the Kentucky General Assembly in 1998 to provide assistance to children and adults with brain injuries across the Commonwealth. KRS 211.470 to 211.478 established a nine member governing Board of Directors with a mandate to:

- Administer the Trust Fund
- Promulgate administrative regulations
- Establish a confidential registry for traumatic brain and spinal cord injuries
- Investigate the needs of people with brain injuries and identify gaps in services
- Assist in the development of services for people with brain injuries
- Monitor and evaluate services provided by the Trust Fund

For administrative purposes, the Traumatic Brain Injury Trust Fund Board of Directors is attached to the Cabinet for Health and Family Services, Department for Mental Health and Mental Retardation Services. The Brain Injury Services Branch, within the Department provides staff support to the Board.

Funding Mechanism

Effective August 2002, due to the enactment of HB 452, the Trust Fund now receives 5.5 percent of court costs assessed in criminal cases statewide.

HB 157, which passed in the 2004 legislative session amended KRS 189A.050 to increase the DUI service fees from \$250 to \$325 and specifies that 8% of the service fee shall be credited to the Traumatic Brain Injury Trust Fund. This legislation also increases the cap for the Trust Fund from \$2.5 million to \$3.25 million.

Major Activities

During Fiscal Year 2006, the Board continued to engage in its mandated activities. It provided funding for the brain injury and spinal cord surveillance registry project, contracted through the Kentucky Injury Prevention and Research Center at the University of Kentucky. The Board also continued its Benefits Management program which provides case management and financial supports to individuals with brain injuries throughout the commonwealth.

Surveillance Registry

Pursuant to its mandate to establish a registry for traumatic brain and spinal cord injuries, the Board again funded a surveillance project in FY 2006. The Kentucky Injury Prevention and Research Center (KIPRC) presented the results of the Traumatic Brain Injury and Spinal Cord Injury Surveillance Project to the Board June 2006. This information is used to estimate the incidence and causes of brain injuries in Kentucky, and the demographic characteristics of injured persons. The data used to generate this report are based on estimates of incidents and mortality, derived from the analysis of hospital discharge data.



Did you know?

Appointed members of the Traumatic Brain Injury Trust Fund Board of Directors are not reimbursed for their participation.

KIPRC analyzed the most currently available data on the incidence of brain injuries, which was from 2003. These data clearly show that brain injury continues to be a serious public health problem in the commonwealth. In 2003, brain injury was a factor in the deaths of 2,373 Kentuckians as well as the discharges of 6,172 Kentuckians from licensed, acute-care hospitals across the state. **Brain injuries played a role in the death or hospitalization of more than 23 state residents per day.**

The results of the June 2006 Surveillance report, combined with the two previous year's reports, clearly suggest that further exploration of the following causes of brain injuries are needed, in order to pinpoint the risk factors involved and develop prevention strategies:

- Motor vehicle traffic crashes, especially among children and young adults ages 15-24
- Falls, especially among children ages 0-4 and adults ages 65 and older
- Anoxia/hypoxia, especially among adults ages 45 and older
- Exposure to toxic substances, especially among adults ages 25-44

The following counties have been identified as top priorities for prevention activities and programs, based upon the most recent data. For the past two reporting years, all have ranked in the top 25 percent of Kentucky counties in terms of both the number of new brain injury cases reported and the age-adjusted rate per 100,000 residents:

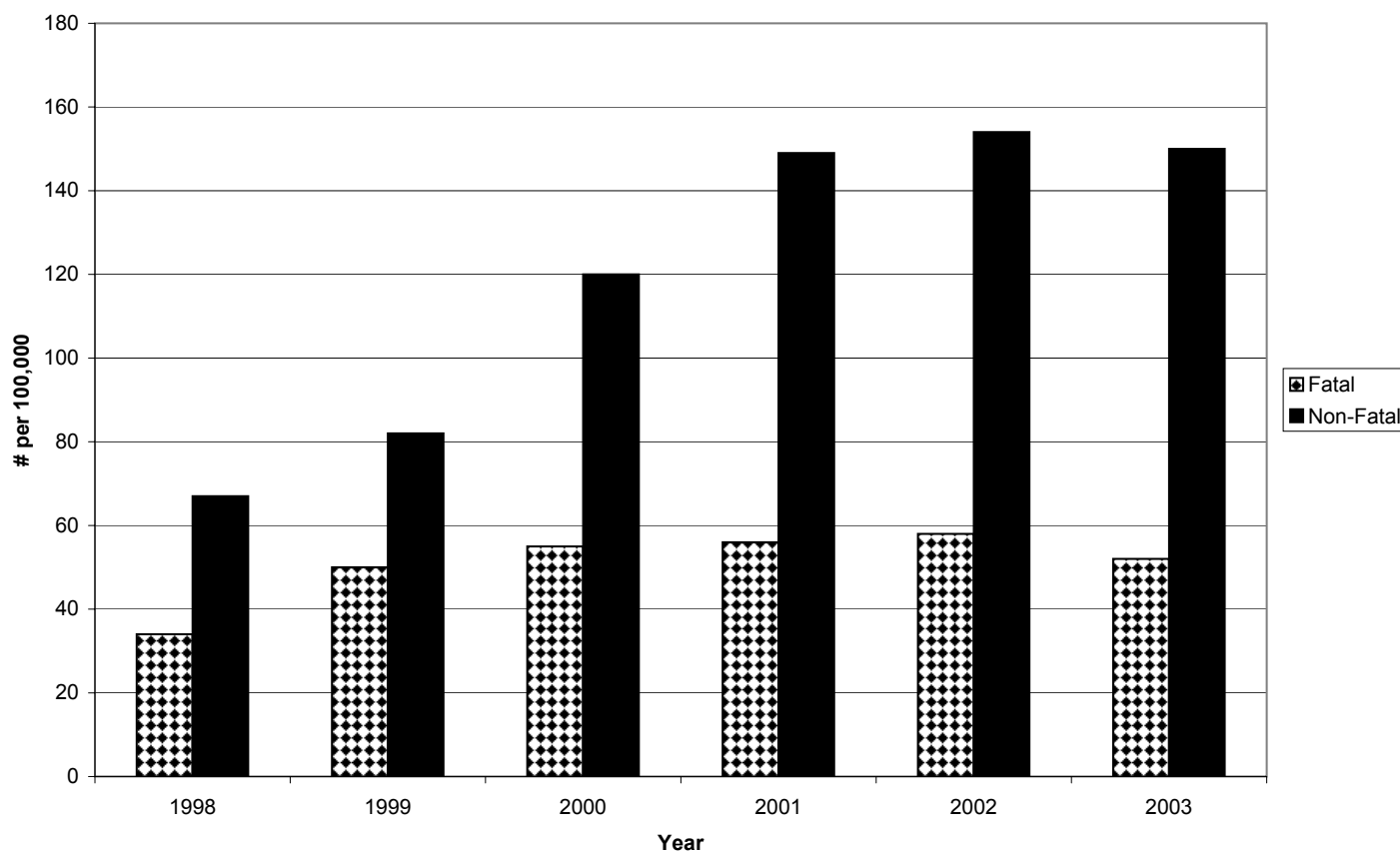
**Bell
Breathitt
Hopkins**

**Knox
Letcher
McCracken**

**Nelson
Perry
Whitley**

The following chart illustrates the estimated annual incidence of fatal and non-fatal brain injury in Kentucky for the years 1998-2003.

Estimated Annual Incidence Rate



Source: Kentucky Injury Prevention and Research Center — Kentucky Traumatic Brain and Spinal Cord Injury Surveillance Project FY 2005 Final Report.

A complete copy of the final report of the Surveillance Registry project submitted to the Board may be obtained from the Brain Injury Services Branch within the Department for Mental Health and Mental Retardation.

Benefit Management Program Continues

The Board promulgated regulation 908 KAR 4:030 governing the operation of the Traumatic Brain Injury Trust Fund in April 2001. This regulation establishes the responsibilities of the Benefit Management Program and the procedures for obtaining a benefit from the Trust Fund.

In accordance with the regulations, the Benefit Management Program is required to:

- Establish a toll free number
- Engage in public information activities
- Provide case management services to eligible applicants and recipients
- Accept applications for benefits from the Trust Fund and distribute benefits to recipients based upon an approved service plan
- Establish a Service Plan Review Committee for the purpose of reviewing service plans for approval
- Approve the rates of reimbursement for the delivery of services to a recipient as part of an approved service plan
- Assist in the development of local resources.

Did you Know?

Brain injuries may be caused by events other than head trauma.

Since August 1, 2001, Eckman/Freeman and Associates administered the Benefits Management Program, under contract with the Cabinet for Health Services, ending June 30, 2006. Pursuant to regulations governing the awarding of contracts, the Board issued a Request for Proposal for the operation of the Benefit Management Program and selected Eckman/Freeman to continue as the Benefits Program Manager for another 2 year period, ending June 2008.

Average, Median, and Range of TBI Trust Fund Allocations per Recipient

Category	Amount Per Recipient
Average Fund Allocation	\$2,336.28
Median Funding Allocation	\$1,258.29
Range of Funding Allocations	\$25 to \$15,000

** Per 908 KAR 4:030, governing the allocation of TBI Trust Funds, a recipient may receive up to \$15,000 annually. Under emergency circumstances, a one-time-only waiver of the annual benefit, not to exceed \$7,500 may be granted. Allocations to a recipient cannot exceed a lifetime maximum of \$60,000.*

There are many success stories among the Traumatic Brain Injury Trust Fund's clients. Their stories are as unique as their needs. They include both children and adults. The following stories from the TBI Trust Fund case managers demonstrate the numbers are real lives. It is our hope to your understanding of the everyday needs of a person and family with a brain injury.

Case No. 1

The client is a 29-year-old male who sustained a traumatic brain injury while in the armed services. He is now wheelchair dependent and lives with his parents in western Kentucky. He has right-sided paralysis with contractions. He needs assistance with all ADL's. Short and long-term memory loss has been a problem.

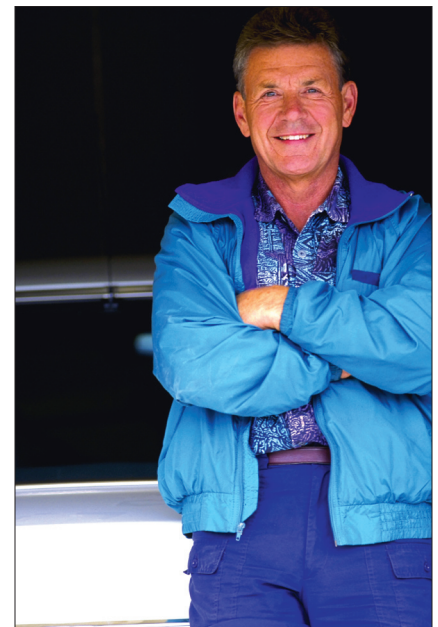
He is followed by the VA Clinic due to a prior injury related to a helicopter accident while in the service. His elderly mother is the primary caregiver, but recent health problems have made it difficult for her to adequately provide care to the client. Case management is needed to help this client and family coordinate his care and access the appropriate services.

The following case management services were provided:

- Referral to vocational rehab. They conducted employment testing, but have not been able to find him work
- When family was unable to provide transportation to the VA Clinic, CM assisted with referral to local rehabilitation specialist to evaluate the need for additional therapy. Multiple phone calls were made to the VA, on behalf of the client, to request payment for therapy at the local site. Multiple phone calls were made to local providers to assist with application process in becoming a VA provider. The client is now able to obtain much needed therapy locally; VA is paying for the therapy.
- Client developed difficulty propelling his manual wheelchair; CM assisted him with obtaining a new electric wheelchair through VA system.
- Coordinated transportation to outpatient PT/ OT hospital.
- Arrangements made for transportation via PATS to therapy.
- Assisted client in obtaining all medications through the VA system.
- Assisted client in completion of application to obtain an H.I.S.A. Government Grant for money to build a much needed wheelchair ramp.
- Coordinated technical evaluation from WKATC in order to assess client's ability to use a computer. This was paid for by money from the fund.
- Referral made to VA Vocational Department in order to obtain possible funding for client to receive services from a local residential facility.

Case No. 2

Sixty year-old male with a closed head injury after 700 pound metal cable fell on top of his hard hat. The hard hat was dented in from the blow. Client was briefly unconscious and taken to the emergency room via ambulance. Client also has a pre-existing heart condition, which was exacerbated with this



injury. He further developed neck pain, headaches, dizziness and periods of black outs with his eyesight as well as severe depression.

Case Management Intervention:

- Coordinated medical evaluation and treatment with cardiology, orthopedic spine specialist, neurology and neuropsychiatry.
- Obtained and coordinated delivery of medical records to each specialist.
- Coordinated requested diagnostic testing.
- Kept in close contact with client and spouse to assess subjective complaints.
- Facilitated early return to work, by working with the employer to develop a temporary, safe modified job position.
- Facilitated work conditioning and therapy, to allow client to return to his regular duty position.
- Facilitated return to work regular duty, which in the end assisted the client with lessened subjective complaints and depression.
- Without case management intervention, this client would continue to be in an off work situation with treatment for severe depression. The client is now functioning with some continued headaches and dizziness but is able to maintain his regular duty position.

Case No. 3

In September 2005, the case manager began working with a family in eastern Kentucky. There are two young children in the family with a traumatic brain injury. One of the requests the mother had was for a stair lift. All the bedrooms are upstairs and there was no way they could add on to the lower part of the house. Another request she had was for a van lift, as she had to lift the children and their wheelchairs into their van. The mother was encouraged to apply for a Kentucky Supported Living Grant. She followed up with that resource, and with assistance from the case manager, received a grant from Kentucky Supported Living to have the stair lift purchased and installed for the children to use. In the meantime, the case manager posted an Internet request on the classifieds in their home area. Without providing confidential information, the case manager requested a van lift donation. Within a few days, the case manager received a response from a gentleman in the area who donated the needed item to the family.



Due to the family income/financial status, the mother and children receive assistance from Kentucky Medicaid. It is unlikely the family would have been able to reside in their current home without the stair lift rendering them in public housing or possibly homeless. Further, without the van lift, growth and increased weight of the children would have eventually led to the mother's physical inability to safely transport the children. Medicaid costs for transportation to multiple medical and therapy visits for numerous years were averted due to the donation of the van lift.

Case Management Services Provided

The Benefit Management Program offers case management services to all eligible applicants for and recipients of assistance from the Trust Fund. Case managers assist in the development of service plans and requests; monitor the delivery of services and supports to the recipient; and educate applicants, recipients, and family members. The cost of case management services is not deducted from the \$15,000 annual or \$60,000 lifetime cap on benefits to recipients.

Case Managers are also responsible for assisting in the development of local resources and for obtaining resources regardless of funding source. Effective case management that obtains needed services and supports at reduced or no cost resulted in **cost avoidance to the Trust Fund of \$524,064** for this reporting period.

Benefit Management Program Payments by Category - FY06

Category	Amt Paid	% of Total
Respite	\$407,587.08	52.4%
Wrap around – General	119,862.10	15.4%
Environmental modification	61,476.31	7.9%
Structured day program	51,101.42	6.6%
Companion services or housekeeper	35,556.49	4.6%
Wrap around – Rent	25,978.12	3.3%
Wrap around – Dental	17,543.00	2.3%
Wrap around – Physical therapy	12,805.26	1.6%
Community residential services	12,397.50	1.6%
Occupational therapy	8,220.04	1.1%
Wrap around – Utilities	6,613.49	0.8%
Wrap around – Van conversions	6,100.00	0.8%
Psychological and mental health services	5,041.00	0.6%
Wrap around – Computers	4,419.98	0.6%
Wrap around – Transportation	3,694.60	0.5%
Medical equipment and supplies	879.14	0.1%
Wrap around – Eye exam and glasses	162.00	0.0%
TOTAL	\$779,437.53	

Source: Eckman/Freeman Contract Year Report 2006-2007

Benefit Management Program Recipients by County
7/1/2005 – 6/30/2006

County	# Clients Served	Allocation and Payment	# on Waiting List
Adair	8	\$0.00	12
Allen	1	0.00	0
Anderson	4	1,800.00	8
Ballard	1	1,638.90	1
Barren	1	0.00	2
Bath	4	0.00	7
Bell	7	17,319.00	11
Boone	51	86,412.84	52
Bourbon	4	0.00	5
Boyd	23	18,873.00	17
Boyle	6	24,704.00	14
Bracken	3	2,982.00	2
Breathitt	4	0.00	5
Breckenridge	1	534.72	2
Bullitt	22	14,223.86	32
Butler	8	80.00	29
Caldwell	3	0.00	7
Calloway	13	1,580.00	18
Campbell	40	74,135.17	26
Carlisle	2	0.00	3
Carroll	1	0.00	0
Carter	11	3,600.00	13
Casey	2	0.00	3
Christian	7	0.00	11
Clark	4	601.28	3
Clay	4	0.00	5
Clinton	4	0.00	7

County	# Clients Served	Allocation and Payment	# on Waiting List
Crittenden	6	2,700.00	15
Cumberland	1	0.00	2
Daviess	14	6,034.71	53
Edmonson	2	5,636.81	3
Elliott	1	0.00	4
Estill	2	0.00	2
Fayette	99	44,851.61	135
Fleming	5	13,894.00	6
Floyd	21	21,291.75	52
Franklin	15	26,500.25	29
Fulton	0	0.00	0
Gallatin	5	14,107.00	8
Garrard	3	17,241.78	9
Grant	16	0.00	16
Graves	6	12,830.00	16
Grayson	3	0.00	6
Green	2	0.00	7
Greenup	4	3,120.00	3
Hancock	0	0.00	0
Hardin	25	8,053.00	50
Harlan	7	0.00	23
Harrison	11	9,245.00	10
Hart	9	3,517.00	12
Henderson	12	0.00	28
Henry	5	1,200.00	5
Hickman	2	0.00	6
Hopkins	8	2,148.00	12
Jackson	1	0.00	0
Jefferson	339	263,973.48	585

County	# Clients Served	Allocation and Payment	# on Waiting List
Jessamine	14	25,852.25	26
Johnson	7	0.00	17
Kenton	75	109,605.67	66
Knott	2	3,440.00	6
Knox	2	4,264.28	9
Larue	4	11,868.00	22
Laurel	10	11,844.25	27
Lawrence	4	840.00	6
Lee	2	0.00	1
Leslie	4	0.00	9
Letcher	6	6,801.28	17
Lewis	5	15,342.00	5
Lincoln	8	12,152.00	14
Livingston	2	0.00	1
Logan	2	0.00	8
Lyon	2	0.00	4
Madison	28	3,856.00	42
Magoffin	4	0.00	4
Marion	7	3,904.16	18
Marshall	10	150.10	13
Martin	6	0.00	13
Mason	6	250.00	12
McCracken	26	3,622.52	46
McCreary	7	128.00	11
McLean	4	0.00	3
Meade	6	0.00	10
Meniffee	2	0.00	1
Mercer	5	1,221.00	8
Metcalf	0	0.00	0

County	# Clients Served	Allocation and Payment	# on Waiting List
Monroe	1	0.00	3
Montgomery	5	860.12	5
Morgan	1	4,892.27	7
Muhlenberg	7	30,580.00	29
Nelson	16	1,100.00	21
Nicholas	4	5,296.23	7
Ohio	2	0.00	6
Oldham	18	14,407.00	31
Owen	2	11,200.00	0
Owsley	1	0.00	0
Pendleton	11	1,780.00	11
Perry	9	0.00	19
Pike	52	87,764.58	171
Powell	3	0.00	3
Pulaski	35	8,272.00	61
Robertson	1	0.00	1
Rockcastle	5	9,432.59	16
Rowan	3	0.00	1
Russell	4	1,225.50	11
Scott	10	8,932.00	12
Shelby	14	630.00	22
Simpson	1	0.00	4
Spencer	5	16,897.50	16
Taylor	6	0.00	14
Todd	1	0.00	0
Trigg	3	32,240.00	6
Trimble	1	0.00	0
Union	9	2,862.00	14
Warren	23	14,303.66	59

County	# Clients Served	Allocation and Payment	# on Waiting List
Washington	4	0.00	12
Wayne	8	685.56	23
Webster	5	1,250.00	17
Whitley	30	28,015.20	79
Wolfe	4	2,520.00	4
Woodford	8	336.00	15
TOTAL	1435	\$1,205,452.88	2511

Traumatic Brain Injury Trust Fund Financial Expenditures FY06

Item	Amount
Benefit Management Program	\$2,600,000
University of Kentucky Center on Injury Prevention and Research Center Surveillance/Registry	\$37,400
Staff Support- Brain Injury Services Branch	\$58,800
Grand Total for FY06	\$2,696,200

Traumatic Brain Injury Trust Fund Projected Fund Balance FY07

Trust Fund Balance 7/1/06	2,528,100	
Estimated Deposits through SFY07	+\$3,000,000	
Estimated Expenses for SFY07 <ul style="list-style-type: none"> • Benefit Management Program • Surveillance registry • Staff support 		-\$2,200,000 -\$64,900 -\$80,000
Projected Balance as of 6/30/07 *	\$3,183,200	

* The balance of funds will be used to continue the operation of the Benefits Management Program, providing services and supports to persons with brain injuries statewide, and should not be considered “excess” revenues. Because the Trust Fund revenues accumulate each month and are not received in one lump sum annually, it is necessary to accrue a significant balance to ensure that sufficient funds are available to continue the Benefit Management Program each year.

NOTES

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